

ANNUAL COMPLIANCE EVALUATION REPORT FORM FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

DEPARTMENT OF ENVIRONMENTAL QUALITY

Water Protection Bureau

P.O. Box 200901

Helena, Montana 59620-0901

This form is to be completed by all permittees authorized to discharge storm water under the 2006 *General Permit for Storm Water Discharges Associated with Industrial Activity* (hereafter called General Permit). All authorized permittees are required to conduct a Comprehensive Site Inspection annually during each calendar year the facility is authorized, and to submit a Compliance Evaluation Report by January 28th following the respective calendar year's Comprehensive Site Inspection. This form is to be submitted to the Department at the above address. Ensure this form is completed legibly and accurately so it does not need to be resubmitted. The Permittee must refer to Part IV.A.4. of the General Permit for specific requirements. This form must be signed based on the Signatory and Certification Requirements stated in Part V.K. in the General Permit. All required items must be completed on this form as pertinent. If additional space is needed, the permittee may use attached additional pages with specific reference to the continued section item as identified on the form. A copy of this form is distributed with Permit Authorization Letters, but also is available on this web page: www.deq.mt.gov.

- a) Permit Authorization Number for facility: **MTR000** _ _ _
- b) Facility Name: _____
- c) Facility Location: _____
- d) What was the date(s) the Comprehensive Site Inspection(s) required under Part IV.A.4. of the General Permit was performed for this reporting year? _____
- e) What was the name(s) and title(s) of the person or personnel who performed the Comprehensive Site Inspection? _____

- f) Based on the Comprehensive Site Inspection, are the descriptions of potential pollutant sources accurate as required under Part IV.A.2. of the General Permit and as identified in the Storm Water Pollution Prevention Plan (SWPPP)?
☐ Yes ☐ No If no, please describe what measures have been or are being taken to update this information to be in compliance with the General Permit.

- g) Based on the Comprehensive Site Inspection, does the site map required under Part IV.A.2. of the General Permit reflect current conditions? ☐ Yes ☐ No If no, please describe what measures have been or are being taken to update this information to be in compliance with the General Permit.

- h) Based on the Comprehensive Site Inspection, are the Best Management Practices (BMPs) identified in the SWPPP being effectively implemented?

☐ Yes ☐ No If no, please describe which measures are not being effectively implemented and why.

- i) Based on the Comprehensive Site Inspection, are any SWPPP revisions, additional BMPs, and/or BMP improvements necessary? ☐ Yes ☐ No If yes, describe what revisions and/or BMP improvements are necessary.

- j) Summarize any other results from the Comprehensive Site Inspection that are not identified above (such as employee training performed, spills, potential discharges of pollutants from the site, other problems encountered, etc.).

- k) For those facilities required to perform storm water monitoring based on part III.A. of the General Permit, provide a summary of the evaluation of storm water quality data and any exceedances of the benchmark values, in compliance with Part III.A.7. of the General Permit.

- l) Based on the Comprehensive Site Inspection and the responses above, were there any incidents of noncompliance with the requirements in the General Permit and the SWPPP? ☐ Yes ☐ No If the answer is no, proceed to item (m) below. If the answer is yes, list all incidents of noncompliance and indicate any corrective action(s) including a schedule for implementation.

m) Check to certify the facility is in compliance with the SWPPP and General Permit. ☐ Yes

CERTIFICATION AND SIGNATURE (REQUIRED FOR ALL FORM SUBMITTALS)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Permittee

Date signed

Name (printed)

Title (printed)